HOW TO TREAT BY SUGGESTION

With and Without Hypnosis

A NOTEBOOK FOR PRACTITIONERS

EDWIN L. ASH, M.D. Lond.

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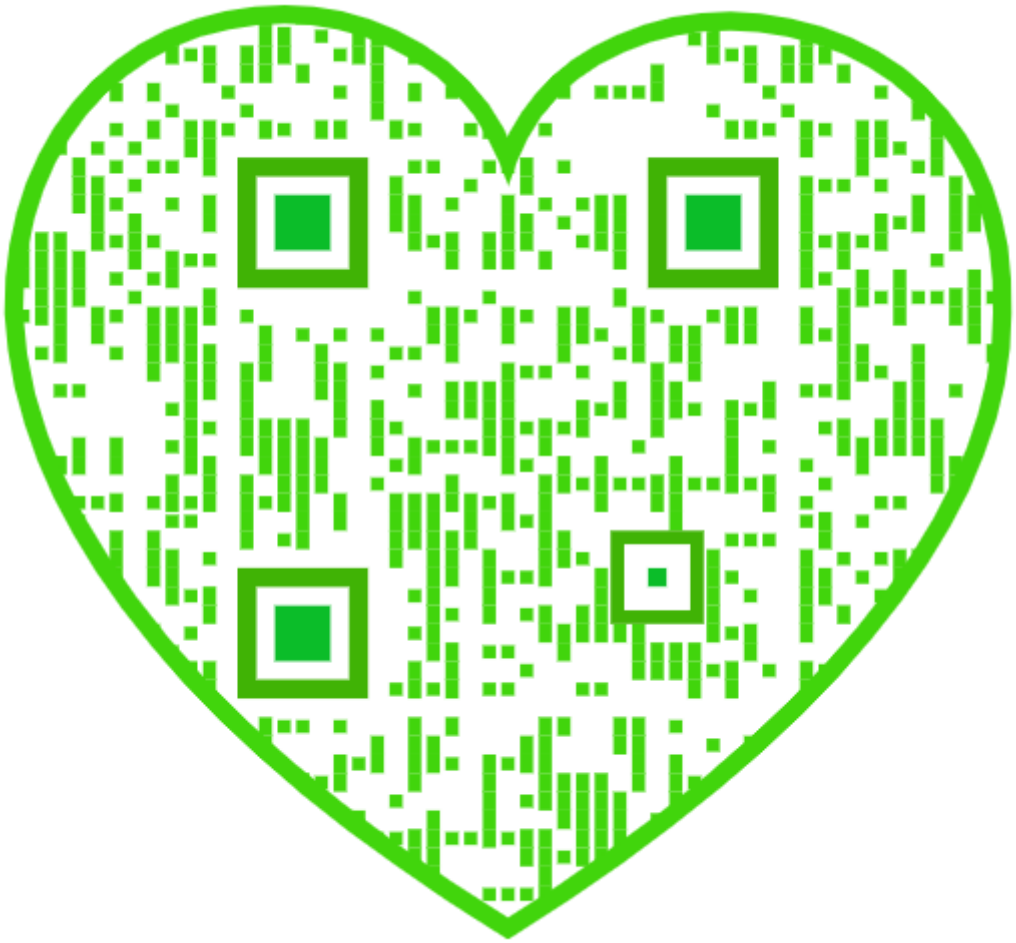

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With and Without Hypnosis

A NOTEBOOK FOR PRACTITIONERS

UNIV. OF CALIFORNIA

BY

EDWIN L. ASH, M.D. Lond.

DIRECTOR OF LONDON NERVE CLINIC (PSYCHOTHERAPEUTIC), AUTHOR OF "NERVES AND THE NERVOUS," "MENTAL SELF-HELP," AND NUMEROUS OTHER WRITINGS ON NEURASTHENIA, THE PREVENTION AND TREATMENT OF NERVOUS DISORDERS, PSYCHOTHERAPY, AND ALLIED SUBJECTS

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PREFATORY NOTE

THE author wishes to make it quite clear that this little book is intended solely for the medical profession, and contains no directions for the use of persons other than practitioners, nor for the self-help of the invalid, the latter subject being dealt with in his book on "Mental Self-Help." At the same time, he is desirous of expressing his thanks to the editors of "The Lancet," "The British Medical Journal," "The Hospital," and "The Practitioner" for their kind permission to reprint the several articles dealing with psychotherapy indicated in the contents.

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HOW TO TREAT BY SUGGESTION

INTRODUCTORY

In this little book it is the author's intention to summarise the various practical rules which may be followed by those wishing to carry out treatment by suggestion ; and to indicate, as far as possible, the several types of cases for which the different methods are particularly suited. Theoretical considerations will scarcely be touched upon, there being many sound books of reference in which theories of suggestion and hypnotic treatment are discussed at length, and to which reference may be made. In practical work and demonstration, the chief questions asked by students of psychotherapy are, of course :

What do you do ?

How do you give the treatment ?

What suggestions do you emphasise ?

What sort of a mental condition do you seek to bring about in the patient ?

It is, in fact, a matter of the "what-happens"

without any particular reference to the "why-it-happens." And, after all, the position of the teacher of psychotherapy in this respect is very little if anything more unsatisfactory than that of the drug-therapist who is frequently compelled to lecture and demonstrate the acknowledged actions of substances without being able to account for why the curative action is brought about. Even in regard to some surgical operations their successful application is known, although the principles by which the procedure is carried out to bring about the recovery of disease are not properly understood. This, however, does not prevent the teaching of doses of drugs and the technique of surgical methods from being successfully carried out with satisfactory results, both to the practitioner and his patients. On the whole, I feel that a brief account of technical details *without reference to theory*, together with notes as to the advantages and disadvantages of different methods of treatment by suggestion, will be of great assistance to the student; who has certainly a great choice of text-books on psychotherapy to choose from, but has not been well looked after in the matter of simple outlines of psychotherapeutic practice free from general psychological discussion. To which end I will at once set forth the detailed steps carried out in daily practical work, and further illustrate these by reference to a few examples of cases dealt with.

PRACTICAL METHODS

METHOD I

SIMPLE MANUAL CONTACT

A PATIENT comes complaining of general lassitude and depression, with perhaps dyspepsia and sense of having lost his grip on life. I ask him to sit quietly in a comfortable chair or to recline on a couch. I say to him:

"*Close your eyes.*"

"*Be restful in mind and body*, and I will do what I can to help you."

Then I place one or both hands on his head, and maintain that position for some five or ten minutes. Under favourable circumstances the invalid goes away feeling brighter, stronger, and with renewed self-confidence. Sometimes local pain may be relieved similarly, contact being made over the painful area.

METHOD II

SIMPLE PASSES

Under similar circumstances, instead of placing the hand firmly over the affected part, stroke the surface of the body gently but continuously with the palm, and when fortunate the same happy result will again be obtained. Be it noted that it is not necessary to remove the clothing to make such passes or pressures, although the interposition of many layers of hard or thick clothing are a great disadvantage. On the whole the removal of clothing is certainly in favour of good results in difficult cases.

Note.—Methods I. and II., indeed, represent a form of treatment that has been used with the very greatest success throughout the history of the last three thousand years of mental healing. The mere act of the laying-on of hands by an individual who holds himself in a mental attitude of wishing to assist a sick person is endowed both by custom and outward expression with particular virtues. This is absolutely the simplest form of psychic treatment that can well be devised, but, though simple, will always give excellent results when rightly used by the right person; and it should be further noted that it is not necessary for the healer to say very

much, even if anything at all, to bring about the desired result. The suggestion factor, when this method is successful, in the sense that one understands the ordinary use of suggestion, must be of the autogenous kind. Clearly it is impossible to say what factors there may be beyond strong implied or indirect suggestion and self-suggestion in any particular case.

METHOD III

The same as Methods I. or II. *plus emphatic direct verbal suggestion.* That is to say, whilst laying your hands on the patient's head, or over the site of bodily discomfort, or whilst making passes, impress on him such verbal suggestions as may be considered advisable. Thus, supposing the invalid is suffering from neurasthenic symptoms, including troublesome palpitation, place one or both hands over the precordium and say emphatically:

"Your fears as to impending physical disaster are groundless;"

"You will have increasing tranquillity of mind, and greater comfort in body;"

and so forth. The various kinds of therapeutic suggestions are indicated in a special section (see p. 35).

METHOD IV

RELIANCE ON STRONG DIRECT VERBAL SUGGESTION

To exemplify the more direct use of verbal suggestion, let us take for example someone who fears that he is suffering from an organic disease. As before, the patient is asked to take a restful attitude of mind and body, and now the full use of suggestion by word of mouth is made use of. Then say to him earnestly:

"You are physically sound in every respect."

"Your heart, lungs, nervous tissues, and all organs of your body are in a normal state of health."

"You will **realise now** the soundness of your system."

"You will forget all past anxieties."

"You will realise your actual physical fitness."

"You will think of health, realise health, and you will live health."

"You **are** well. **Be** well, and **remain** well."

Such suggestions, repeated in an earnest, somewhat monotonous manner, with intervals, for the space of five or ten minutes, will effect wonders in the right sort of case; the appeal being made not to the reason, but to the

sub-conscious or sub-attentive mental field, which, according to the suggestibility of the patient at any particular sitting, accepts the suggestions and stores them up.

Note.—So far I have endeavoured to illustrate the use of psychotherapeutic methods of the simplest possible form. Next I will give a broad indication of the procedures to be adopted when one wishes to increase definitely the suggestibility of the patient by inducing a mental state which is other than that of the normal waking state. Such states come under two headings:

Hypnoidal states.

Hypnotic states.

METHOD V

TREATMENT IN THE HYPNOIDAL STATE *

This which is, undoubtedly, the readiest of all states of increased suggestibility to obtain, and so of the greatest general use in practice, may be obtained by any process which by giving

* *Vide* table, p. 95.

rest to mind and body tends to bring about a state of natural sleep. The ordinary conditions of quietude, and particularly of monotony, aid very much in the induction of rest-states (hypnoidal) in which the mind is not drawn to a point as in hypnosis, but is allowed to wander, and is yet in a condition of *increased suggestibility*.

A restless neurasthenic person, complaining of many things and many irritations, comes to me for psychic help. I ask him to rest comfortably on a couch, and I say to him:

"*Relax your limbs.*"

"*Withdraw your thoughts* from outward distractions and inward troubles."

"Just let yourself become *calm in mind and body*, and assist yourself to obtain this condition *by closing your eyes, relaxing your limbs*, and *breathing regularly and a little more deeply than usual.*"

Under such conditions it is not difficult to obtain a state of mind which tends towards that of natural sleep and in which the patient rests comfortably with wandering attention, whilst nevertheless accepting with advantage whatever therapeutic suggestion may be given him.

N.B.—Personally I am accustomed largely to make use of electricity to obtain the hypnoidal state, and several examples of its induction and therapeutic advantages will be found in the special section on the psycho-electrical method. (See p. 88.)

METHOD VI

SUGGESTION WITH HYPNOSIS INDUCED BY FIXED GAZING. (BRAID'S METHOD.)

Let us take now a case of a man who suffers from some twitching or spasm of muscle; stammering, for example, or some neurosis which it is considered can best be treated in a hypnotic state. The invalid is as before asked to rest and relax his limbs in a position of comfort, and a definite attempt is made to induce hypnosis by asking the patient to gaze for a few minutes at a bright object held just in front of him, whilst the operator says:

"Your eyes will shortly become *heavy*."

"A feeling of *drowsiness* will begin to steal over you."

"You *cannot* resist the inclination to fall asleep."

When successful the patient's eyeballs will be noticed to turn upwards at the very moment that his eyelids fall, whilst at the same moment his face assumes a restful expression, and with one or more deep long-drawn breaths he falls in a state of sleepiness, and ultimately sleeps. This condition is further hastened by the words:

"*Now sleep*,"

spoken in a commanding voice just as the eyes close, and the further suggestion of:

"*Sleep, sleep deeply, and yet more deeply*"

being repeated from time to time.

Note 1.—If patient's eyelids do not close at the end of a minute or at the outside two minutes, say to him quietly:

"Close your eyes and sleep."

When it is considered that a sufficiently deep stage of hypnosis has been produced, the practitioner gives verbal therapeutic suggestions in the following manner:

"You are in a condition *of rest* in which my words will act as a strong suggestion to help you. When you awake, you will find that you have no longer any twitching of your limb. Moreover you will find yourself unable to repeat such twitchings and morbid movements as you have suffered from, when you return to ordinary consciousness."

Such suggestions should be repeated from time to time, accentuated by the hands being placed on the patient's forehead. Here the endeavour is to write on the blank exposed page of the sub-conscious with such command as may finally free the individual who has sought one's help from the trouble that has bothered him.

Note 2.—Bright objects suitable for fixing patient's attention include a silver coin, a signet ring, a metal thermometer case or other small instrument case. You may also use a specially constructed hypnoscope, consisting of a bright small nickel disc, slightly convex or concave, about half an inch in diameter, set on the surface of an ebonite holder some four to six inches in diameter.

METHOD VII

HYPNOTIC SUGGESTION WITHOUT "FIXED GAZING"

Instead of trying to obtain a hypnotic state of increased suggestibility by the method of fixed gazing at a bright object, place *entire reliance on the verbal suggestions of sleep.* This answers well with patients whose eyes are sensitive or who become alarmed at being asked to gaze at a fixed point. To treat a patient in this manner, it is necessary to secure a position of comfort in a restful room as usual and say to him :

"Relax your limbs."

"Compose your mind as far as possible, and *when I say ten, close your eyes* and let yourself go as far as possible in mind and body so as to offer no resistance to the onset of sleep." Then slowly count up to ten in a confident and monotonous tone. When the patient has rested for a few moments with his eyes closed and seems to be becoming sufficiently drowsy, proceed to therapeutic suggestions as before, remembering that their effects may be emphasised *by placing one hand firmly and lightly on the patient's forehead.*

METHOD VIII

SUGGESTION WITH EPIGASTRIC CONTACT

Rest the patient on a comfortable couch rather than a chair. Say:

"Close your eyes and be as restful as possible."

"In a few moments a feeling of drowsiness will come over you, *which will deepen when I place my hand on your body.*"

Then place the palm of the hand firmly over the epigastrium, and keep it there whilst suggesting:

1. *A feeling of warmth* over the stomach.
2. Increased *drowsiness*, and—ultimately—
3. Relief of symptoms.

Note.—1. It is advisable to reduce the thickness of material between the surface of the body and the hand by getting the patient to loosen the clothing so far as may be considered desirable.

2. Do not be in a hurry to begin the therapeutic suggestions, and allow five or more minutes to elapse so as to obtain a sufficiently suggestible state.

METHOD IX

VARIATION OF METHOD VIII

Proceed as in Method VIII., but *make no attempt to induce hypnosis or a hypnoidal state.* Thus, rest the patient on a comfortable couch and say:

"Close your eyes and be as restful as possible."

"Relax yourself in mind and body."

"Withdraw your thoughts from outward things, and *realise yourself as a mental and spiritual self rather than as a physical self.*"

"Just for these few minutes realise that *restfulness and peace* are being brought into your life."

"*Let go as far as possible* the care that presses on your mind, and the illness that affects you in body."

Then place the palm of the one hand firmly over the epigastrium and keep it there during the sitting. Maintain yourself in an attitude of restfulness and confidence. Make a mental picture of the patient as a healthy and strong individual. Reinforce your treatment by occasional verbal suggestions, and emphasise the same by placing the other hand on the patient's forehead.

N.B.—1. The notes referring to Method VIII. apply here also.

2. This is a method of treatment which I myself employ very largely in direct psychotherapy, and from practical experience have found it to be on the whole the most useful of all procedures, the reason being that one is able by giving the right suggestions to raise the mental and even spiritual level of the patient's whole life. The greatest help is given by this conveying to him of the fact that at any rate just for a few minutes of his troubled life he is in sympathetic contact with some one of perhaps stronger personality who is desirous of helping him, and is, moreover, obviously aware of the benefits and health-giving powers of certain mental and spiritual attitudes.

3. I do not recommend it to any hypnotist or practitioner of psychotherapy whose work is based on a materialistic philosophy.

N.B.—Some explanation may be necessary as to how, in giving illustrations of the preceding methods (see p. 26), any one case may be said to illustrate more than one method. The fact is that, whilst the different processes described have been defined for descriptive purposes in the actual practice, some over-lapping naturally occurs. Thus Methods I., II., and III. will frequently be used in the same case on subsequent occasion, and particularly where symptoms are obstinate is advantage to be gained from varying the methods slightly. Again, a patient treated by Method VI. might well be treated after a time by Method VII., it being found that there is no need to continue the fixed gazing. Methods VIII. and IX. also will frequently be used in the same case. It will be noticed then that Methods I., II., and III. may be grouped together, similarly VI. and VII., VIII. and IX.; whilst IV., V., and X. have points which clearly distinguish them from the others.

METHOD X

COMBINED PSYCHO-ELECTRICAL

In this method electricity is made use of for:

1. Inducing a state of *increased suggestibility*, either hypnoidal or hypnotic.

2. For its own *physical therapeutic advantages*, which are very advantageous in many cases of neurasthenia and lower physical tone.

Full details of this method were given in an article in the "Practitioner," and in a note in the "British Medical Journal," both of which are reprinted in this little book (see pp. 88 and 102).

Thus the practitioner has some ten different procedures to choose from in carrying out suggestion treatment, and, of course, each of these methods really permits a number of variations in regard to the exact manipulations carried out, the suggestions given, and the time taken over different suggestions.

CASES ILLUSTRATING METHODS

EXAMPLE 1. M. P.—Illustrating Methods VI. and VII. *Woman, aged* 45. *Had been manageress in a shop.*

Description of Case.—At the end of June 1905 noticed a burning sensation in her eyes, which was soon followed by a twitching of the eyelids which caused her to close her eyes tightly, as well as twitching of the face muscle. Doctors suggested the possibility of a serious retinal trouble, but at a leading hospital she was told that the condition was a nervous one. From this point she had developed a whole train of functional symptoms, and had not been able to work from the time I saw her at St. Mary's Hospital in January 1906. She had, some weeks before I saw her, been treated on the lines of a modified Weir-Mitchell treatment with some benefit. But the twitching was still very troublesome and her eyelids so often tightly pressed together, that she was unable to read or carry on any definite work. At the same time she complained of great exhaustion, general nervousness, and some difficulty in articulation, with troublesome inspiratory gasping.

Treatment.—In January 1906 psychotherapy was begun, hypnosis being attempted. But, owing to the fact that she had been so long in hospital and recovery so slow, she had to be sent home and then came up to town for the treatment.

On *January* 19*th*, when I saw her, her condition was much the same.

I asked her to look at a small bright disc, but there was difficulty, as she could not keep her eyes open long enough to look at it fixedly. So I told her to gaze at it for as many seconds as she could, and then close her eyes and concentrate her *mind* on the bright disc for some fifteen minutes.

Slight drowsiness resulted, and there was a distinct improvement in the eyelid-spasm at the end of the sitting.

I then told her to spend half an hour daily in gazing at some bright object, and to let herself sleep if she felt inclined to do so as a result. Moreover, that she was to do this regularly and patiently at the same hour and time each day.

A week later, *January 25th*, she again came to me for treatment, and there was a remarkable improvement in her condition, two special points being noted:

1. That the inspiratory gasp no longer was present.

2. There was much less difficulty in keeping her eyelids open, and so less difficulty in fixing her gaze on the disc without blinking. After one more sitting most of the symptoms disappeared, and she was entirely free from the twitching of the face and eyelids, also from the difficulty in speaking and her general nervousness. Moreover, she now felt very little exhaustion. Thus she was able to read and resume her ordinary work.

From this time she never looked back, and from the grateful expressions I still have sent me from time to time I gather that she is still in the best of health.

N.B.—It is to be noted that at the first two or three sittings *fixing of attention* was attempted rather than the effect of direct verbal suggestion, but subsequently verbal suggestions were made; the patient evidently passed into a moderately deep stage of hypnosis, as she was not always clear as to the exact details of what had occurred during the sittings. The case is interesting owing to its complexity, as well as from the obvious difficulties in the way of obtaining a hypnotic effect, and the rapidity with which the improvement resulted.

EXAMPLE 2. Illustrating Method VIII.

Reading the notes of this case (M. P.) reminds me of a similar condition benefited by psychotherapy, in a case which has been under my notice quite recently. The patient was a middle-aged woman suffering from exhaustion, general nervousness, twitching of the face and neck muscles, and short gasps with definite pain in the limbs which rendered life miserable and prevented her either enjoying herself or

carrying out her domestic duties. This patient came to see me in the early part of last year (1913), with the history that many remedies and treatments had been tried.

Treatment was carried out according to Method VIII. One hand was placed on her abdomen outside the clothes, the other on the forehead. Verbal suggestions of self-confidence, tranquillity, and bodily ease were given. Such rapid improvement followed that after a few weeks of treatment given two or three times a week she was able to get about by herself and resume her daily duties. At the time of writing she still has an occasional treatment to maintain her self-confidence. Whatever the final result may be, the change from misery to comfort and well-being—expressed in physical improvement, as well as in betterment of outlook—has been very remarkable in this case.

N.B.—No attempt of any kind to induce hypnosis was made during the treatment.

EXAMPLE 3. Illustrating Method III., contact *plus* definite verbal suggestion. *Girl, aged* 16.

Was sent to me in March 1910 for loss of voice. Was being trained to become a school teacher, a career which she was particularly anxious to fulfil. Part of her occupation consisted of teaching elementary classes, and it was with great anxiety and disappointment that she found her voice failing whenever she became over-tired, particularly at the end of each week. At times the voice trouble had amounted to complete incapacity towards the end of the term. No organic disease was found. The condition was such that her work was interrupted and depression threatened. On this account she had been advised that her throat was "weak," constitutionally, and that she would be well advised to give up all thought of continuing her present occupation, and to take up some other career. The disappointment engendered by this advice was seriously affecting her health when I first saw this patient.

Treatment.—After satisfying myself that there was no progressive neuro-muscular or other organic disease of the larynx, I placed my hand on the girl's throat, and gave her very strong "suggestion" that her voice would return, and that, even when tired, she would have no further

hoarseness. During this time she remained standing up, and I did not even ask her to close her eyes, to concentrate her mind, or to assume any particular restful position. The result was eminently satisfactory.

Two years after (April 1912), she reported as follows:

"You will be glad to know that my throat has given very little trouble since I saw you. It is troublesome only when I sing, but as singing is not exactly necessary, especially since I have been at . . . school, the inconvenience is only trifling. I feel very grateful to you for the kind help you have given me."

N.B.—Thus one treatment by suggestion caused the disappearance of an increasing malady which threatened to wreck the whole of this patient's hopes in regard to her career, and enabled her to take up work which she had been advised to give up on account of the loss of her voice.

EXAMPLE 4. Illustrating Methods III. and IV. *Young man, aged* 22.

Consulted me in 1907 for general nervousness of long-standing duration, much worse during the previous six months. A vegetarian.

The chief symptom was want of self-confidence in the presence of strangers. This occasioned inability to conduct his affairs properly.

Treatment.—Suggestion without sleep, three sittings, after which he said he was "cured."

Verbal suggestions were given with one hand on patient's forehead, that he would be more self-confident and have a greater grasp of his work.

EXAMPLE 5. Further illustrating Method VI. *A Journalist.*

Consulted me in October 1906. The previous January, whilst abroad, had heard voices calling to him, under circumstances when it was quite clear that nobody was about. However, shortly after, he came home, and for the first part of the voyage was free from auditory hallucinations.

Whilst in the Red Sea he again heard these voices, which subsequently had bothered him from time to time. When he arrived home he was very ill, and had to go to bed

for six weeks, and apparently had a bad nervous breakdown with mental symptoms.

It seems that, during this attack, he was treated for the after-effects of a sun-stroke which he had had in the previous year.

When I saw him, he was greatly persecuted by "voices" which had a repetitive and echoing character—that is to say, the sentences he heard referred to his recent thoughts, and if he answered back mentally, that is by simply thinking the answer, he usually heard a reply. Thus, when he heard voices outside the door, and went to see who was there, he heard:

"Now he is going towards the door," and on replying,

"I am not," he heard,

"I know you are."

If about to pray, the voices said, "Leave him alone now, he is going to pray." And after that he was no longer bothered by the voices whilst praying. On a few occasions the voices had been threatening in character, sometimes even suggesting suicide.

As a rule he slept well, and was not troubled by dreams.

Treatment.—Patient was seated in a reclining chair, and told to concentrate his attention for a few moments on a fixed point; further, to close his eyes and let himself sink into a drowsy state. I then placed one hand on his forehead and made suggestions.

1. That, although he would still hear voices, they would be fainter and fainter each day.

2. That ultimately they would disappear altogether.

N.B.—This second suggestion was not emphasised until the first had had some effect, after two or three sittings.

After the second treatment he reported that he was much better, and although he still heard voices, they had not bothered him much.

Five days after the third sitting he was very much better, and had not heard any voices since the previous sitting.

This improvement was maintained, and after three more treatments at intervals he heard no more voices at all.

His general health was excellent, he was able to work with greater vigour, and was altogether much brighter.

He said that at times he thought he heard a murmuring sound, but gave no attention to this. So I gave him further suggestions, that he should be quite free from all auditory sounds.

To the best of my belief this patient was entirely freed from his distressing and dangerous auditory hallucinations by the treatment.

EXAMPLE 6.—Illustrating Method III. *Girl, aged* 20.

Was sent to me in July 1906 from the Out-patient Department of St. Mary's Hospital, Paddington, for persistent pain in the left hip, which had resulted from a fall she had had two years previously. She had been treated at other hospitals without effect, and was treated at St. Mary's for many months as an out-patient. As frequent examinations revealed no organic disease, the surgeon, whose clinic she had been attending, sent her to me for treatment by suggestion.

I gave her four treatments in the course of three weeks. The pain was relieved at once, and there was no return after the third sitting.

Treatment.—I placed the patient in a reclining chair, told her to be restful and to close her eyes; then made passes over the painful hip, whilst giving very positive suggestions.

EXAMPLE 7.—Illustrating Method IV. *Middle-aged man.*

Came to the out-patient department of the Kensington General Hospital complaining of depression, poor appetite, "indigestion," restless nights and want of strength, being unable to walk far without exhaustion.

Treatment: Suggestion according to Method IV.

Obtained considerable relief after the first sitting. Received seven or eight treatments in all with entirely satisfactory results, in that he quickly lost his dyspeptic symptoms, and became confident and invigorated.

N.B.—It must be noted that in practical work, where careful analysis of the mental state during treatment is inadvisable, it is not always easy to say whether or not the patient has passed into a very light state of hypnosis

or into a hypnoidal state. Consequently Methods IV., V., and VII. are very closely associated in routine work. Thus in the case of a little girl some four years of age successfully treated by me for Enuresis Nocturna * at the Italian Hospital (1910) the plan of Method IV. was used, but the result was so remarkably rapid (complete relief after three sittings) that I think light hypnosis, or at any rate a hypnoidal state, occurred; it has always been my experience that such cases are most quickly relieved by suggestion in early hypnosis. Where the patient thinks that sleep will ensue, Method IV. may automatically become Method VII.

EXAMPLE 8. Illustrating Method IX. *A commercial traveller, aged* 24.

Sent to me in January 1911. Neurasthenic type; had been subject to great mental strain, owing to the death of his father, and the subsequent necessity of supporting his family.

He was greatly bothered by various disturbing thoughts and obsessions, which were of variable character and caused him great distress. On one or two occasions he imagined that he had seen people and places as if in a vision. There were no delusions of hearing.

Treatment.—By direct suggestion on two occasions only (according to Method IX.) and home mental exercises, after three or four preliminary conversations. The result was entirely satisfactory. Three months after treatment he wrote me as follows:

"You will perhaps remember my visits to you some little time ago; on my last visit I promised to let you know of my progress. I am most glad to say that I have experienced perfect freedom from my distressing delusions, fancies, and recurring thoughts of an insane and extraordinary character which I have suffered from for about six years—six dreadful years—and that my mind is gradually becoming normal and healthy . . . expressing again my sincere thanks to you for your kindness to me."

* See also pp. 86 and 87.

SPECIAL INDICATIONS

WHERE there is actual pain, Methods I., II., and III. will be found most useful under ordinary circumstances. But, if you have a susceptible subject, the shortest way to obtain relief is to use Methods VI. or VII. Personally I have quite given up attempting the induction of deep hypnotic states, and carry out all direct psychotherapy either in the normal waking state or with the help of a hypnoidal condition, the exact depth of which I do not bother about.

For the ordinary *neurasthenic* or *psychasthenic* case, Methods VII. and VIII. will be found most advantageous, the amount of direct verbal suggestion being varied to meet the requirements of any phobia or other urgent symptom. When you have to deal with the muscular or sensory phenomena of *hysteria* and the patient is susceptible, the quickest results can be obtained by inducing a deep state of hypnosis, preferably according to Method VI. This particularly applies to muscular contractures.

That troublesome illness of young people commonly known as *enuresis nocturna* is very

amenable to treatment by suggestion, for which purpose a moderately deep state of hypnosis should be induced. Many of these cases appear to do well by suggestion without sleep, but it is probable that some stage of hypnosis has been induced in them, although I am inclined to think that the deep stages of somnambulism are not necessarily the most useful for this purpose.* With ordinary cases of depression, or early cases of hallucinatory insanity—particularly where the trouble is that of "hearing voices"—you may confidently proceed according to Methods VII., VIII., or IX., and the same applies to the distressing "anxiety neurosis," so frequently seen in cases of psychasthenia. I may repeat that for all these cases I myself almost invariably use Method VIII., as under general circumstances it gives the best results at my hands.

In many instances of neurasthenia with definite physical debility and low blood-pressure, Method X. answers admirably.

* See also pp. 86 and 87.

KINDS OF SUGGESTIONS

THE results obtained from treatment by suggestion naturally depend to a great extent upon the right verbal suggestions being given, and this is a point in which experience alone can give true guidance. It is convenient to divide suggestions broadly, into two classes.

1. Suggestions referring to *physical* states.

Under which heading come suggestions designed to cause the disappearance of some physical symptoms.

EXAMPLES.

"You have no pain."

"You can move your arm."

"You will sleep to-night."

2. Suggestions referring to *mental* states.

Suggestions of tranquillity, self-confidence, unselfishness, brightness of outlook, increased powers of attention, increased interest in life, increased determination, courage, and so forth.

N.B.—On the whole, this group of suggestions is by far the most useful to the psychotherapist, as so many nervous and mental troubles depend on the existence of some fear, not amenable to reason, that the

countering of this by giving the right suggestion of a healthy kind is the best means of curing the patient.

My own practice is to endeavour to get rid of pain in the ordinary nervous case by finding out the underlying mental condition, if possible—a subject which will be found discussed at length in my book "Mental Self-Help." Where, however, it is desired to lessen pain clearly dependent on gross physical disease, cancer for example, then two objects must be striven for:

1. The *raising of the powers of resistance* to pain by increasing the mental tone by suggestions of the second class.

2. The *direct inhibition* of the pain by suggestions of the first class.

My view is that the chief work of the psychotherapist lies on the mental plane and is concerned with the altering of the inner life of the patient rather than with gross physical symptoms, and it is rarely that I myself deal with these latter from the psychotherapeutic point of view. There are plenty of efficacious physical remedies with which to combat definite physical conditions, measures which can be used either in a combined psycho-physical treatment, or, where the case does not come within the psychotherapist's purview, can be given by another practitioner.

IMPORTANT POINTS

All suggestions should be :

1. *Positive*; that is, giving the healthy condition to be obtained in place of the unhealthy. For example, to restless persons suggest *tranquillity* rather than *less restlessness.* That is to say, put before them the idea of definite calm without referring to the question of restlessness. Similarly under favourable circumstances you may suggest ease and comfort to a patient who has had pain or headache, where the circumstances warrant your attacking pain in this way.
2. *To the point.*
3. *Confident* and *authoritative.*
4. *Firm*—but not shouted.
5. *Not too crowded* one upon the other, an interval of several minutes being left after the suggestion has been repeated several times.

N.B.—It is only right to point out that some well-known and successful practitioners carry out their treatment in the form of running suggestions, given in a low tone, to which the patient is not supposed to listen consciously. Those who find it successful are quite right in using this method.

The psychotherapist should:

1. Maintain himself in an attitude of mental and physical calm.

2. Be thoroughly confident and sure of his methods.

3. Give no suggestion that he himself has not confidence in.

4. Be careful that he himself is not influenced by the morbid suggestion of the patient before he has time to get himself into a positive frame of mind. A neurasthenic patient with active brain may quite easily obtain the upper hand at the beginning of the treatment, and often influence the mind of a tired "negative" doctor, with results that must inevitably be to the disadvantage of both.

WITH HYPNOSIS

Where it is decided to induce a true hypnotic state:

1. Induce as deep a stage as possible.

2. Devote one, two, or, even better, three preliminary sittings to the induction of hypnosis before going on to the therapeutic suggestion.

3. After the preliminary sitting, do not attempt to test the depth of the hypnotic state produced, as by so doing you may terminate it and so spoil the treatment.

N.B.—This does not apply to the deep stages characterised by somnambulism.

4. Be quite certain that, having finished the treatment, you thoroughly restore the patient to full consciousness and free him completely from hypnosis.

To learn to induce hypnosis is very helpful to all practitioners of psychotherapy, and, indeed, is essential to every one wishing to become thoroughly proficient, as by this means alone can a knowledge of the mental states likely to be met with in psychotherapeutic practice be obtained. There are not a few people who automatically fall into hypnotic states induced largely by their own self-suggestion, and the experienced practitioner familiar with hypnosis is able to protect the individual against such conditions when he considers it to be desirable, or to make use of them for therapeutic purposes. The earnest student of psychotherapy would do well to devote some little time to the experimental induction of hypnosis, for which purpose trustworthy subjects should be obtained who are healthy both in mind and in body.

N.B.—1. Never make use of neurotic persons as subjects for the experimental induction of hypnosis.

2. Use male subjects preferably.

3. In any case let your attempts be conducted in the presence of a third person.

4. Keep careful note of your results and difficulties.

HOW TO INDUCE HYPNOSIS

GENERAL METHOD

In ordinary routine work you will obtain the best results by a method that embodies the principles of fixed gazing and suggestion, aided by the soothing effect of passes. This may be done as follows:

1. Seat the patient in a very comfortable chair with his back to the source of light.

2. Make certain that neither his limbs nor his neck are in a position of strain, ascertaining that he is as restful as possible.

3. Explain the method of procedure, and tell him that you expect him to pass into a state of restfulness and somnolence in which he will act on verbal suggestions given. Moreover, that he will probably fall asleep.

4. Impress upon the subject the fact that he will awaken whenever you clap your hands, blow on his face, or give some other prearranged signal.

N.B.—This direction is very important, as by following it you will avoid all possible trouble in rousing your subject at the end of the sitting.

5. Proceed to the actual induction as follows:

(1) After the preliminary explanations, stand in front of and a little to one side of the subject, and hold a bright object so that the light-reflecting part is about twelve inches in front of his eyes and just above the line of direct vision.

(2) Give verbal suggestions after some such plan as the following. Say:

"Keep your whole mind and attention fixed on the bright spot."

"Very soon your eyes will feel heavy and your eyelids will tend to close."

"Resist the desire to shut your eyes as long as possible."

"But when I make a downward pass in front of your face, then close your eyes and sleep."

"Now you are getting drowsy."

"Your surroundings become confused."

"Now [making a downward pass] *close your eyes.*"

"You are very drowsy."

"Your thoughts are leaving this world."

"Get more sleepy."

"*Sleep.*"

With one hand make short passes over the subject's face, lightly touching the skin; or rub the forehead lightly with the finger-tips.

Limit the fixation of gaze to three or four minutes, and if necessary keep up suggestions and passes for half an hour or so. But with

susceptible subjects a fairly deep stage, such as the "dream state," can be produced in a very few moments.

If the condition is tested too soon by saying to the subject:

"You cannot lift your hands,"

although he will be able to do so for some time yet, the effort if allowed to go on will undoubtedly arouse him, and may so disturb his attention as to frustrate all further attempts at getting the deeper stages.

Once hypnosis has been induced in any subject, it can always be re-induced with very much less trouble. And if the deeper stages have once been reached, the student will have no difficulty in again hypnotising that particular subject, always provided that the latter does not become suddenly averse from the process.

It is the first attempt that requires the greatest tact and patience, and many trials may have to be made before success is obtained. The expert is used to this, and makes subsequent trials with the same confidence and manner as at first. But the beginner is very apt to lose confidence and get nervous if his early attempts are unsuccessful. In this case it is best to postpone the experiment. No good result will come to an operator who is not confident and is apprehensive in manner. But a student of the subject who is very careful in his regard of minutiæ, who chooses suitable subjects

and times for experiment, and who exhibits neither loss of confidence nor impatience of manner, will be rapidly successful in his results, and will soon learn how to obtain even the deepest stages.

WHAT YOU WILL OBSERVE

When you have selected your subject and have proceeded to hypnotise him by a method such as has just been described, and he has gazed at the bright object for a minute or so, you tell him to close his eyes and sleep. Then:

1. Note that about this time various twitchings will probably be noticed in the face muscles as well as some flickering of the eyelids. These facial movements may find expression in a sudden smile which is very disconcerting to the early student of hypnotism, who takes it as a sign of amusement on the part of his subject. As a matter of fact, these movements of the face and smiles are really signs of some distraction of attention and subordination of will on the part of the latter. Therefore, do not mistake for an exhibition of levity what is really a sign of hypnosis.

2. Now tell him that—he cannot *open his eyes* or *move his arm*. If these commands are resisted to such an extent that the subject is aroused, the whole process of the induction

must be repeated. But, note that the subject will not as a rule try to move his arm or open his eyes unless you tell him to make an attempt. So give the suggestion as follows :

" Now you *cannot* open your eyes."

" You are *unable* to lift your eyelids."

Pause.

" *Try*."

3. Extend one arm of the subject by taking hold of his hand and then make passes from the shoulder to the wrist. Suggest oncoming stiffness. If hypnosis has been induced, the limb will become stiff and remain extended after you let go the hand. You have now obtained catalepsy.

N.B.—It may be noted that this condition of rigidity will sometimes result from the passes without any definite suggestion of stiffness being made. The character of the passes seems to suggest to the subject the idea of stiffening.

4. If you find the patient a good subject for catalepsy, you can stiffen various limbs and ultimately the whole of the body. Then you may carry out, if you like, the time-honoured experiment of placing the rigid body, with head resting on one chair and heels on another. There it will remain for quite a long time without yielding, much longer than an acrobat could remain thus poised by voluntarily stiffening himself.

5. Take the subject's arms or legs and

start swinging or moving them, and say to him firmly:

"You are unable to stop them."

He will go on swinging them until you give him the suggestion that he has regained control.

N.B. 1.—This phenomenon can be obtained in quite early stages, in which the patient is fully conscious of all that is going on, although he remains with his eyes closed as if asleep.

The fact that he is conscious of rigidity or automatic movement and yet is unable to control the muscles, adds to the interest of the experiment.

N.B. 2.—The results can, of course, be repeated in the deeper stages, when the patient is no longer conscious of what is going on.

TO DEEPEN HYPNOSIS

The majority of subjects cannot be taken beyond these early stages, however much you try. A fair number, however, can be carried on into a state of semi-consciousness, which I am accustomed to call the DREAM-STATE, in which various hallucinations or dreams can be suggested to them, between which they are more or less conscious of all that is going on.

Favourable subjects—that is to say, about

one out of ten average persons who are susceptible—can be taken into the really deep stages of somnambulism, in which they are deprived of consciousness for the time being; and, with their will for the most part at the control of the operator, they will carry out almost anything within reason that is suggested to them, or believe themselves in any suggested circumstance.

THE DREAM-STATE

It has always seemed to me that most writers give but an inadequate description of their subjects' mental state in the transition stages from early hypnosis with full consciousness of surroundings to somnambulism in which such awareness is lost. It is a state in which the subject's mind wanders away from present conditions, returning every few minutes as if from a dream, and wandering off again into a fresh dream. Moreover, these dreams can readily be controlled by the skilful operator, who is careful not to bring the subject back to full consciousness of his surroundings by some disturbing noise or suggestion.

At first the subject is conscious that his dreams are happening in the course of an experiment, later this knowledge becomes less definite, and eventually he is, whilst

dreaming, entirely oblivious of present conditions. The state is something like that which many people experience after being roused in the morning: there is semi-consciousness of the fact that they have been asleep—they keep dropping off to sleep, and dream fitfully.

It will be sometimes found with the slower hypnotic methods that such a condition is more readily obtained than one in which motor phenomena are easily evoked. And in many cases where such would be unnecessarily alarming to the patient, the DREAM-STATE may be taken as first evidence of hypnosis.

With those who are good visualists the dreams are most readily obtained, tending often to be spontaneous and out of the operator's control; usually, however, appropriate suggestions will give them the desired direction. Occasionally one finds people who soon pass into this state and persist in following out their own dreams, in spite of urgent suggestions given by the operator.

The term "dream-state" seems to me to apply better to this stage than that of "somnolence," or "light sleep," which is given to it by some writers. Somnolence is scarcely distinguishable from drowsiness, and we have something more than that in this state; on the other hand, it is not a condition of actual hypnotic sleep, and, moreover, when "sleep"

is really induced, the state has then merged into somnambulism.

As already mentioned, when this dream-state is first induced, the suggested scenes will often appear as a picture which the subject sees in front of him, and this may occur when the subject has his eyes open and be made to persist by urgently repeated suggestions. It is a true suggested visual hallucination tending to become a dream when the eyes are kept closed, so that the subject imagines himself actually in the hallucinatory scenes rather than as a spectator of them.

PRODUCTION OF THE DREAM-STATE

You can best obtain the dream-state by slowly inducing hypnosis and telling the subject to think of some place very familiar to him, such as the room in which he is accustomed to work or to sleep. Tell him to picture to himself every detail; if the operator knows the details of the suggested scene he should suggest them slowly and with emphasis. Gradually the scene rises in ideational intensity until the subject sees it as in a picture, and eventually it so occupies the mental field that the subject imagines himself in the suggested scene.

Of course, success is not always attained at once, and it requires some experience to

deal skilfully with a subject in a dream-state.

For example, he may have described a scene that has been suggested to him, and you ask:

"And what are you doing?"

when the unexpected reply

"Oh! I am here,"

may prove disconcerting. But it simply means that your subject has not lost touch with his surroundings and knows that his fancies are just the result of an experiment.

Apart from the visual hallucinations which can be produced during this stage, and which seem to represent a mental picture of the suggested dream projected in front of the subject, hallucinations of hearing and smell, and alterations in general surface sensibility can often be produced.

SOMNAMBULISM

As already mentioned, about 10 per cent. of susceptible subjects can be sent into a somnambulic condition, and in this state they are more suggestible than in the earlier stages, although it has never been shown conclusively that curative suggestions invariably act better in somnambulism than in early hypnosis or hypnoidal states. Early students of hypnotism frequently find that their efforts to obtain

these deep states are unsuccessful. This is because they try to make too sudden a leap from the early phases of the dream-state to active somnambulism, and in doing so rouse their subjects from hypnosis.

It is best to proceed gently and carefully, gradually letting the dream of some familiar place take such hold of the subject's mind that he becomes more and more dominated by the idea presented. Then, when consciousness of present surroundings has gone, it may be suggested that he is acting in some particular manner, until eventually he follows the suggestions by a corresponding muscular action.

Such a suggested action should in the first place be simple, as, if complex, the effort to carry it out will often break the spell and restore him to the normal. It will be found that as the dream-stage deepens a condition resembling sleep is gradually approached, so that the subject, instead of returning from dream-land to a semi-consciousness of his surroundings in the intervals between the dreams, remains in an unconscious state until some fresh idea is suggested.

Hallucinatory scenes may be presented to his mind, and he will describe with great definiteness the things he sees and the part he is himself playing. This is an early stage of somnambulism, and to it the term "passive" can be applied with advantage. For as the suggested ideas become more dominant the

subject will accompany his hallucinations with appropriate muscular actions, at first slight, and afterwards complex, so that he may walk about and talk and have all the appearance of being in a waking condition, except that he usually keeps his eyes closed and is obviously living in imaginary surroundings.

The procedures for obtaining somnambulism will be found detailed in the special section on THE INDUCTION OF HYPNOSIS (*vide* p. 55), in which notes of actual experiments are given.

RAPID METHOD

A very useful means of rapid induction is to make sudden pressure with one's hand on the subject's head, at the same time giving commands in a loud and decisive voice. There are various ways of doing this; for example:

Place the subject in a comfortable position and stand in front of him with one hand held some distance above and in front of his face.

Then rapidly bring the hand down so that the thumb rests in the centre of the forehead.

Make firm and increasing pressure by the thumb in a downward direction, and say in a firm manner:

"Now you cannot open your eyes."

In many instances an early stage of hypnosis

will be obtained at once and the suggestions accepted. In others several trials will be necessary; sometimes after many attempts only a transient effect can be obtained—if any.

THE INDUCTION OF HYPNOSIS BY DRUGS

If for special reasons you want to obtain a deep stage of hypnosis in a refractory patient, do not give the attempt up in despair until you have made use of soporific drugs as an adjunct to your methods. For this purpose you may use:

1. Drugs generally given by inhalation, for example chloroform, of which a few drops on a handkerchief, aided by verbal suggestion, will not infrequently bring about a state of drowsiness and increased suggestibility, in a very short time. Any one who has had experience of anæsthetics knows how readily and often patients go to sleep long before the time they have become properly anæsthetised in the surgical sense.

2. Drugs such as paraldehyde or ammonium bromide. The latter may be given in large doses, repeated until the patient is in a requisite state of drowsiness, and a combined method of treatment based on this plan is likely to become much more developed in the future.

LETHARGY AND COMA

Occasionally, however, an individual will be found who drops off into a deep sleep in which he is not responsive to suggestions, who will not walk, but tends to fall into a heap when placed upright, and is very difficult to restore to the normal. Sometimes it is found that one of these subjects cannot be roused and has to be allowed to sleep until he spontaneously wakes. The term LETHARGY can be well applied to such cases; and those who will not rouse in spite of all efforts can be said to have passed into a state of HYPNOTIC COMA. These two terms have been sanctioned by long usage, so it is well to define exactly their meaning.

If such a subject is found, you must, during the early stages of the next induction, suggest that he will awaken at a given signal.

This is usually successful, and saves a good deal of trouble and possible anxiety to those who do not understand the condition, and who fear the subject will never wake again!

On the other hand, harm may be done by using forcible means to rouse the sleeping person, such as by cold douches, shouting, and so forth. These measures may produce a considerable subsequent mental disturbance.

If preventative suggestions are of no avail in this respect, refrain from hypnotising that particular subject.

THE INDUCTION OF HYPNOSIS*

N.B.—Since the following was written some seven and a half years ago, there has, of course, been a notable increase of interest in psychotherapy and hypnotic practice, but for the great bulk of the medical profession the subject is almost as much a closed book as ever.

THE correspondence arising from the account of my experiments published in "The Lancet" a few months ago has shown me that there is a very widespread interest in the subject of hypnosis, an interest which is coupled with an extraordinary ignorance of the huge literature that deals with this condition, and in some quarters expressed by a still more extraordinary scepticism as to the existence of such a mental state. The interest thus evidenced has prompted me to give some further account of my investigations during the last six months, and to show that the condition of hypnosis can be examined by any one who takes the trouble to put himself in possession of the requisite technical knowledge and is prepared to devote time to a definite series of experiments. My own interest in the question arose some two or three years ago, and when after months of trial I had not succeeded in obtain-

* Reprinted from "The Lancet," August 25th, 1906.

ing a condition in the least resembling hypnosis (but had caused a good deal of amusement among my friends), my position became that of the antagonistic sceptic rather than of the unprejudiced investigator. These early attempts were made on hysterical patients of a somewhat low order of intelligence, and, as I now know, my methods were hopelessly crude. After a careful study of the hypnotic literature, a continuation of my experiments with healthy male subjects was rewarded by results which conclusively proved to my mind that the recorded experimental phenomena of hypnosis were genuine enough, and a description of some of these experiments formed the basis of the paper I have referred to.

It is curious that most of us should be more sceptical with regard to hypnotic experiments than to other investigations. Perhaps this is because the medical curriculum excludes all reference to the subject, and because, to the majority of practitioners, the writings of such men as Liebeault, Bernheim, Charcot, Braid, Esdaile, Elliotson, Moll, Wetterstrand, Bramwell, Tuckey, van Eden, and van Renterghem are absolutely unknown. An experience such as mine makes one somewhat ashamed to have ever doubted the evidence of the many workers in this field. As a matter of fact, the general agreement as to phenomena observed, recorded in so many separate centres, is the most powerful argument that can be brought to bear on the individual who persists that the investiga-

tors of hypnosis have been deceived in their observations.

The popular conception of hypnosis is that of a condition in which the subject has been deprived of all freedom of mind by the "will" of the operator. Moreover, that this latter must be a person of extraordinary "will-power," with the special facility of overcoming "weaker wills" whenever he feels so inclined; the fact that his victims may be *hundreds of miles* away seems to be of little importance. This sort of pernicious rubbish is served out to the public by the day and by the week—a public that will absorb nonsense referring to "mind" or "will" even more readily than that referring to "backache" and "liver." On the other hand, those who take the trouble to examine the condition will find that success in producing hypnosis depends rather more on the wish of the subject than on the "will" of the operator—that is to say, in ordinary circumstances, if a person does not want to be hypnotised you cannot influence him, hypnosis being a state in which, by fixing the attention, the mind tends to become a blank for the time being, and is consequently peculiarly receptive to impressions from without, such as may be given by verbal suggestion. The thing is to get the subject to fix his attention and to inhibit the natural stream of thought; then it is as if you had a blank screen on which to project ideas or pictures. If the fixation of attention is great enough or

the subject's natural powers of inhibition are strong enough, a condition resembling sleep ensues. Thus there are two phases of hypnosis—one in which the fixation of attention is incomplete, so that the subject, although amenable to suggestion, is yet perfectly conscious of his surroundings; the other in which the inhibition of thought is so complete that he loses touch with his surroundings and is to all intents and purposes asleep.

To say that one has inhibited the "supraliminal consciousness" or "objective mind" and unmasked the "subliminal consciousness" or "subjective mind" is really only another way of expressing the above process. It obviously requires no particular inherent property or power to help a person to fix his attention so as to stop his train of thought—a process which may be to great extent mechanical and consequently will require some adroitness of method. So that anybody who has tried various methods of bringing about this desired object and has studied the best means of distracting a subject's attention from his surroundings and "fixing it," and has carefully observed the conditions that predispose to success, will be more readily able to induce hypnosis than another who tried at hazard to use a method he has read about, but of which he has no technical knowledge. It stands to reason that the conditions that will readily fix one person's attention will perhaps disturb another person to such

an extent that he will think faster than ever, instead of lapsing into a state of mental calm.

Let it be clearly understood then that an expert hypnotist is not a person endowed with some mysterious power, but is somebody who has taken the trouble to study carefully the psychology of his subjects, with the object of ascertaining what means are likely to succeed best in bringing about in them a state of mental rest, suiting his methods to every individual case. Psychologists define "attention" as mental activity which raises certain sensations or ideas in point of intensity and completeness, with a corresponding lowering of simultaneously presented impressions—a process familiar to everybody in daily life. How many people habitually close their eyes when they wish to appreciate music fully, striving to subordinate all impressions to that of sound, the appreciation of which then rises in intensity above that of the rest. Similarly, a surgeon will often fix his eyes on some distant object so as to let nothing distract attention from his tactile sense, which is at that moment engaged in giving an impression of some intra-abdominal disorder.

In this fixation of attention we have, I am convinced, the key to the problem of hypnosis.

The attention is fixed on some point—for example, a bright disc—and is then readily transferred to the ideas and sensations suggested by the experimenter.

Let us now examine the readiest means of

so fixing a person's attention as to induce hypnosis, and consider the experimental phenomena that can be demonstrated in that condition. As a matter of fact, to anybody who has not had previous experience of hypnotic experiments and is anxious to induce hypnosis, the subject is at first of greater importance than the method. There are a large number of people who are readily able to "stop thinking" and to fix their attention at will. Such people are usually in the best of health, unaccustomed to worry over trifles, and do not know what it is to have disturbed sleep or difficulty in getting to sleep. They are "susceptible to hypnosis," and may be found most frequently, as one would suppose, in the healthy working male population between the ages of 15 and 30 years. The experimenter, therefore, should find such a subject and explain to him the nature of the proposed experiments. On no account begin with people in feeble health or who are "neurotic"; males being preferable to females. And having made himself familiar with the described phenomena of hypnosis, he should decide which of these he wishes to obtain in the first experiment.

This is where so many fail.

Hypnosis may be roughly divided into three stages, namely:

1. A condition of drowsiness and inability to open the eyes when forbidden to do so.

2. A dream-state in which various ideas

suggested appear to the subject as if in a dream or picture.

N.B.—In both these stages the subject is quite aware of his surroundings and that he is being made the centre of an experiment. He feels lethargic and disinclined to move, and that he cannot move his eyelids or limbs when told not to do so by the operator.

3. In the third stage the attention has been so completely distracted from present surroundings that the subject has fallen into a condition of sleep. In this state he is peculiarly amenable to suggestion, will talk when spoken to, and will describe various hallucinatory scenes that are suggested to him; and may walk about and take active part in these imaginary scenes.

This is what is described as *Somnambulism*, and is a condition in which an infinite variety of hallucinations may be suggested—visual, auditory, and æsthetic. **When complete, the subject has no subsequent recollection of his hallucinations.** A characteristic condition that can usually be produced in almost any stage is that of Catalepsy; if the subject's attention be directed to any limb, and it is suggested that the limb is becoming stiff, an extraordinary rigidity will result of variable duration, and for the time being quite preventing any voluntary movement of the limb affected.

Now, it should be obvious that it is too much to expect that the beginner in his first

experiment will succeed in producing the deeper stages of hypnosis. He must be satisfied if, after many attempts, he succeeds in preventing the subject opening his eyes when told he cannot do so. Experience shows that some really susceptible subjects are not much influenced at the first sitting. The novelty of the experiment and the unusual request made as to behaviour tend to produce at first a state of unrest rather than of calm. However, people very soon get accustomed to the process, and the deeper stages can often be obtained at the third or fourth sitting. It is best to follow out a scheme in the experiments such as the following, which was arranged by me for the benefit of practitioners who ask for instructions in the technique of hypnosis.

INSTRUCTIONS FOR INDUCING HYPNOSIS

Carry out a series of eight experiments, each of which will undoubtedly consist of several attempts to obtain certain phenomena; these should be repeated until the required result has been obtained. The experiments are:

1. To get used to the necessary details as to surroundings and technique of the process, and, further, then to attempt the production

of stiffness or immobility in the subject's eyelids.

2. To induce hypnosis by a modification of Braid's method of fixed gazing.

3. Production of the intermediate dream-state.

4. To obtain passive somnambulism.

5. To change this passive state into a condition of active somnambulism.

N.B.—These experiments include the investigation of altered sensibility (analgesia and anæsthesia) and the production of catalepsy.

6. Demonstration of post-hypnotic influence.

7. Hypotaxy or fascination; and

8. Hypnosis by passes.

Space will not permit me to enter into a detailed description of the above course of experiments, consequently I must be content with mentioning a few of the more important points. The instructions I give for the first experiment are briefly as follows:

Experiment I.—1. Seat the patient in a comfortable arm-chair with his back towards the light, and see that he is comfortable in every respect, especially that his head and neck are not in a strained position (this happens with so many chairs that look comfortable).

2. Tell him that when you say "*Now*," he is to close his eyes and not to analyse his sensations nor to resist the feeling of loss of contact with his surroundings that will tend to overcome him.

3. Place the thumb of the right hand on the centre of the subject's forehead, resting the fingers in the left temporal region.

4. Suddenly press firmly with the thumb, at the same time drawing it downwards towards the root of the nose. Then say:

"Now close your eyes,"

in a quiet but very clear and firm voice.

5. Repeat the friction movement with the thumb several times rapidly (four or five movements may be sufficient).

6. Remove the hand quickly, and say:

"You CANNOT open your eyes, they are very stiff—firmly fixed—and you CANNOT move the lids."

Result of Experiment.—1. At first the subject will probably open his eyes with very little difficulty, but you assure him that they were stiff and did not open as quickly as usual.

2. Above all, *be confident.* Let your subject know that it is only a matter of time: that very shortly he will be unable to open his eyes when you tell him he cannot.

3. With a susceptible subject you will find that the eyelids become stiffer at each attempt, then there will follow a *momentary* inability to open them, and, finally, absolute closure, which remains until you tell the subject he can open his eyes again. Having done this, you will have got over the first stage successfully, and, what is extremely important, you will have gained a vast amount of *self-confidence.*

N.B.—1. Throughout the experiment let your manner be quiet, sure, and decided.

2. Let there be no hurry and no manifestation of impatience.

3. Should the subject open his eyes readily, be quite unperturbed, and say firmly as before :

"Just once more, if you please," or words to that effect.

4. If you are losing confidence, postpone the experiment to another day.

5. In any case do not prolong the first experiment over half an hour.

Experiment II.—The second experiment deals with the induction of hypnosis by making the subject gaze at a bright object about twelve inches above and in front of his eyes. A convenient form of hypnoscope consists of a bright disc or mirror about one inch in diameter, mounted on a dull black surface from six to eight inches in diameter. The subject is told that by gazing at the disc he will become drowsy and eventually fall asleep, his attention being fixed on the disc, and then by suggestion directed to the idea of sleep, which you endeavour to make dominant. Braid originally let his subjects gaze at a bright object until they became spontaneously hypnotised, but this method takes a much longer time than if combined with suggestion, and, moreover, is frequently followed by an unpleasant congestion of the patient's conjunctiva. Having once obtained

drowsiness and stiffness of the eyelids by either of the above-mentioned methods, it will be found possible with well-chosen subjects to produce subsequently the deeper stages. But at first it requires infinite patience and confidence, and a good deal of disappointment is often felt because the subjects will not fall into deep somnambulism at the mere bidding of the tyro. After considerable practice it will be found that the more adroitly the suggestions are given, the more readily can the subject be led into the deeper stages of hypnosis. And whereas at first it will be found almost impossible to produce anything approaching anæsthesia, after some experiments analgesia will be produced in quite a large number of subjects, sufficient, indeed, for the painless performance of various minor operations. These points are best illustrated by an account of actual experiments. I extract the following from my notes:

Subject A.—Man aged 21 *years.* Had been a hairdresser's assistant. Fatigued his eyes with disc. Produced no sleep, but slight stiffness of eyelids. Several more attempts were made to induce hypnosis by making a sudden pass in front of his face, whilst his eyes were fixed on my ring. This was eventually successful, so that half an hour from the commencement of the experiment he was in a condition of somnolence, but very easily roused. I was unable to produce rigidity of the arm, nor could I obtain the phenomena of somnambulism. Again induced hypnosis, and then suggested that on opening his eyes he should find himself in the last shop he had worked at. This was successful; he described a "wheel" which

he said he saw in a corner of the room. I found he meant the apparatus which is used for hair-brushing. He did not see anything else, but responded in part to several similar suggestions.

Up to this the subject had apparently been in the intermediate or dream stage, as he subsequently could recollect having seen these various things as if in a dream, being aware of the fact that he was seated in my room. But he then evidently became somnambulic, as he had no recollection of the succeeding incidents, which occurred as follows:

1. Having recalled the "wheel" to his mind, I told him to turn it; he went towards the imaginary machine and made movements appropriate to wheel-turning.

2. I told him to write down his name and address, which he did. He was very surprised afterwards when I showed him the paper.

3. I succeeded in producing transient catalepsy of one arm.

4. I produced analgesia, which, however, I do not think was complete. In subsequent experiments the deeper phenomena of hypnosis were readily obtained. He was very susceptible, and became somnambulic in the first experiment, although care and patience were necessary to induce this stage. A beginner would be fortunate to find so good a subject for his early experiments.

Subject B.—Youth aged 18. Found him a difficult subject to influence, but by varying my methods I gradually

induced the earlier stages of hypnosis and obtained an early phase of the dream-state. He was quite aware of his surroundings, but happened to be a good visualist, so that I could successfully throw various pictures on to the mental screen.

With this subject I was unable to obtain a permanent somnambulic stage until the fifth experiment or sitting. And even then several more experiments were necessary before I could elicit the phenomena of active somnambulism. However, he eventually became deeply somnambulic, and is of peculiar interest, because although he will accept readily the majority of hallucinatory suggestions, yet he maintains a definite choice of action in regard to acts that he does not approve or which seem to be absolutely incongruous. For example, I accidentally discovered that he was a teetotaller by offering him an imaginary glass of beer. For a long time he refused to drink it, but eventually, after persuading him that it was extremely mild and that he was doing it to please me, he decided that he would drink it. He would not agree to drink anything stronger.

On another occasion I told him that he was a milkman serving customers, and then that he ought not to serve out white paint for milk. In return for this I was abused roundly—he said that he would not serve me with milk again, as it was waste of time. He refused absolutely the suggestion that he was taking round paint. I persisted, however, and after getting several witnesses to act as imaginary customers and each to tell the subject that he was serving out paint instead of milk, he began to waver. He argued at great length that the milk was all right, and in imagination drank a glass to show that this was so. He admitted that it smelt of paint, and decided to take it back to his "guv'nor."

The interest of this experiment lies in the fact that the subject possesses considerable initiation if he likes to exert it. If you place him in an imaginary scene, he will rationally act that scene, behaving with the same

propriety and common sense as he would in everyday life. These notes show how hypnosis was induced, and subsequently deepened, in two healthy young men chosen by mere chance for the purpose. They were aware of the nature of the experiments and were perfectly willing subjects.

May I repeat that by following out some plan of experiments similar to the above any one interested in hypnosis can investigate the condition for himself. And whoever does so will see that, far from being an extraordinary mastery of one will over another, hypnosis is rather a simple state of distracted attention which can frequently be terminated by an effort of will on the part of the subject, but is, indeed, a condition in which suggestion has remarkable force by directing the attention to some idea which then becomes dominant for the time being. For example, a person has some pain; you tell him he has *not*, but your suggestion makes no difference to his sufferings. You hypnotise him—that is, you distract his attention from his surroundings, including the pain—and he no longer suffers. By suggestion you raise in his mind the idea that his pain has entirely gone; this idea becomes dominant and eventually persistent, so that in waking he no longer has pain; the idea of *pain* has been dominated by the idea of *no pain*—they cannot be co-existent. In this way those who take the trouble to investigate the condition soon perceive what

an important therapeutic agent we have ready to hand in hypnosis.

During the past few months my own experiments have been chiefly devoted to the investigation of methods of induction and of the experimental phenomena, but I have had opportunities of testing the efficacy of suggestion during hypnosis in several cases presenting various functional neuroses and have been more than satisfied with the results. Of course, there are limitations to the employment of this method. It is not applicable in the wards of a general hospital. Personally, I find the same difficulty, if not impossibility, of inducing hypnosis in a hospital ward as I did when first using hypnosis some years ago. This is undoubtedly because the patients' attention is distracted by their surroundings and the knowledge that they are for the time being an object of interest to everybody in the ward. On the other hand, I have known patients who have been refractory in the ward become readily influenced when treated in a quiet room apart from the other patients. Consequently, unless some special arrangement is made for treatment by this method, its use in hospital will be productive of disappointment. Of course, in institutions where hypnosis is the rule rather than the exception, these difficulties are not met with, as in Bernheim's hospital at Nancy, where he hypnotises large numbers of patients at every visit. Again, under certain conditions,

hypnotic analgesia would be extremely useful in minor surgery and in operations on the nose, throat, or eyes, to say nothing of dental extractions. But at present we have no certain method of rapidly inducing hypnotic anæsthesia, and several sittings are necessary to obtain a satisfactory result; so that, although it certainly could be used with advantage for this purpose in private practice, it is doubtful if it will ever be used to any great extent in hospital work. The advantages of this form of anæsthesia for such operations as I have indicated are its absolute safety, that it can be prolonged indefinitely at the wish of the operator, and for operations in the mouth the jaw can be fixed open without the use of a gag. Moreover, reflex struggles can be entirely avoided by giving the necessary suggestions.

In conclusion, I trust that these brief notes will be helpful to many practitioners who are anxious to make use of hypnotic suggestion in their work or who want to investigate the condition from the purely psychological standpoint. Also, I shall be glad if they will help to place the subject of hypnosis on a more rational and satisfactory basis. In the scores of hypnotic experiments I have made I have never seen anything which would lead me to suppose the existence of any "mysterious" influence between the operator and his subject; neither have I seen any untoward results happen to my subjects. It seems

such a pity that the majority of us in practice have neglected such a powerful therapeutic agent because we have not taken the trouble to understand it properly. No doubt when it is recognised that the keynote of hypnosis is an artificial distraction of "attention" and not an uncanny influence, the usefulness of the condition will be more thoroughly appreciated by both the profession and the public.

SUMMARY OF GENERAL RULES FOR INDUCING HYPNOSIS

GENERAL CONDITIONS WHICH ARE ADVANTAGEOUS

1. Quiet room with restful decorations and furniture.

2. Comfortable arm-chair—with rest for head (cushions, etc.).

3. Warmth—temperature should be over 60 degrees.

4. Light should not be glaring (*e.g.*, direct sunlight) nor directed on to the face of subject.

5. First subject should be if possible a youth from 18 to 25 years of age.

6. Subject must not feel nervous and should be quite willing to lend himself for the experiment.

7. At first it is best to have no other person present (unless, of course, the subject is a female).

8. The subject should be conversed with for a few minutes preceding the experiment and assured as to the harmlessness of the

proceeding, and that nothing will be done which will make him in any way ridiculous.

N.B.—(*a*) However willing a subject may be, there is usually some slight feeling of diffidence as the experiment begins, and especially a fear of being made to do something silly.

(*b*) Of course, on the other hand, care must be taken not to originate the subject's fears by suggesting things he has not thought of. For instance, don't say to a subject who has really no qualms at all:

"Now, I am not going to make you drink poison or make a fool of yourself."

Otherwise you will bring up in his mind the very ideas you want to avoid.

9. There must be nothing in the room to distract the subject's attention—*e.g.* a loudly ticking clock.

10. *There should be no hurry.* It is useless to attempt an experiment if you have only just half an hour to spare.

11. Any persons present must keep in the background and not converse with the operator or make the slightest criticism on what they see.

12. *Do not avoid the trouble of attending to all details.*

13. The subject should have had no stimulant immediately before the experiment (*i.e.* tea, coffee, or alcohol).

14. The later hours of the day are better than the earlier.

When as many of these conditions have been attained as possible, the first experiment may be attempted.

DIRECTIONS FOR USING BRAID'S METHOD WITH SUGGESTION

Braid's method of fixed gazing will enable you to obtain most readily a deep stage in your early trials, and the hypnosis may be still further deepened by suggestion without disturbing the subject.

Any small bright object will do as a point of visual fixation—*e.g.* an electric light bulb or a nickel-silver hypodermic case. The instrument used most often by myself when investigating this subject was a hypnoscope designed for the purpose, and consisted of a small concave mirror set on a dead black surface.

1. Seat the subject in a chair with back to light.

2. Make sure that his head and limbs rest *comfortably* and that there is no muscular strain on any part of the body.

3. With head resting back, let him hold the hypnoscope at arm's length in front of him.

4. Tell subject:

(*a*) To concentrate his attention *wholly on the bright disc*;

(*b*) That in a few moments his eyes will become tired and tend to close;

(*c*) That he will then get very drowsy and feel inclined to sleep;

(*d*) To resist the inclination to close his eyes as long as possible;

(*e*) That he is not to bother about what you are saying to him, but to think of nothing but the disc and of going to sleep;

(*f*) To let his eyes close should you tell him to.

5. Let him gaze at the hypnoscope for about 15 minutes, and all the while keep talking in a quiet, firm voice, telling him that his eyes will shortly close and that in a little while he will sleep.

The eyes may close in a few minutes and the arms fall gently; if so, notice if the breathing has become slow and deeper, and if there is any flickering of the eyelids. If so, *it is probable that a light state of hypnosis exists.* If not, then—

6. Tell him that you are going to take the hypnoscope from him, but that his attention is still to be fixed on the disc, and, further, that he is to follow its movements very carefully.

7. Now, taking the hypnoscope, move it

slowly *upwards and towards head* of subject, until it is in such a position that the disc is about 12 inches from his eyes and somewhat above the line of horizontal vision.

N.B.—(*a*) The eyes are now turned upwards and converge slightly; this position rapidly produces the requisite fatigue, so that closure will soon occur spontaneously.

(*b*) If this is not successful in five minutes, return to first position; subject holding disc in front of him for another fifteen minutes.

(*c*) With refractory subjects it may be necessary to let them gaze at the disc for thirty minutes in the first position and fifteen minutes in the second. At the same time verbal suggestions must be kept up in an increasingly decided manner.

8. The subject being in a drowsy condition with eyes closed, you must now attempt to deepen the hypnosis so as to produce if possible a condition of actual sleep.

This is done by repeated verbal suggestions of the following character: "*Now you are getting drowsier and yet more drowsy—you will soon get so sleepy that you will lose all idea of your surroundings—and merely be conscious of me and what I am saying to you—now sleep deeply, do not resist—you are sleeping*," and so on, for five minutes or longer if necessary.

(*N.B.*—These suggestions can be repeated from time to time throughout the experiment.)

9. Emphasise your remarks by placing one hand firmly, but lightly, on the subject's forehead, or by gently stroking his face.

10. You will now (in a moderately susceptible subject) have obtained a condition of hypnosis in which he is not actually asleep, but is dimly conscious of his surroundings and in which *every sense is peculiarly alert*, so that everything you say has peculiar force and vividity.

N.B.—This stage is very useful for therapeutic suggestion: the patient is aware of everything that has happened and has considerable powers of initiation, yet suggestions adroitly given have remarkable effect.

11. The presence of hypnosis is easily proved by the experienced operator, but certainty is very difficult to beginners. It may be tested roughly (in a manner which may rouse the subject if he is not well under control) by making passes along a limb, telling subject that rigidity will ensue. If catalepsy readily occurs, there is no doubt that a fairly deep stage has been reached. If not, and you want to make certain, you must produce as much rigidity as possible by stroking and suggestion, and then suddenly tell subject that he cannot bend that particular limb.

Various effects will be seen, from absolute

inability to move it down to slight difficulty only.

The *effort* observed will be very noticeable, and in itself constitutes *a definite sign of hypnosis*. With some subjects it will probably lead to complete awakening.

12. Rouse the subject thoroughly by telling him first that he will wake when you fan his face. Then give him that signal.

13. Complete the awakening by making several upward passes in front of subject's eyes.

Repeat the experiment until successful.

N.B.—Any small bright object will serve as a hypnoscope.

THE USE OF PASSES

1. Hypnosis can be induced by *passes*.

But unless the subject is at the same time influenced by verbal suggestion, or informed of the mental state it is desired that he shall fall into, the onset will be slow and very often fail altogether.

2. The method of passes takes *longer*, but induces a deeper stage, and better pre-supposes to acceptation of suggestion than any other method.

3. Passes are of various kinds—the most important being :

(*a*) Long. } Either.
(*b*) Short. }
(*c*) With contact, or }
(*d*) Without contact. }
(*e*) Centrifugal.
(*f*) Centripetal.

The long passes should be made as follows :

(i) Stand in front of the subject and bring your hands together with palms downwards, just above his head.

(ii) Now make a downward sweep with the hands diverging, and passing in order over the face, shoulders, arms, trunk, and legs.

(iii) Now let the hands travel outwards (away from the subject), and turning them so that the *thumbs point downwards*, bring them rapidly up to the first position.

N.B.—This upward movement must be at *the side of* and not *over* the subject.

(iv) Repeat above at approximately the same rate as the subject's breathing.

The short pass is similar, but only extends to the hands or even merely over the face of the subject.

With contact (absolutely necessary in most cases).—The finger-tips whilst making the pass should *lightly touch the subject.*

N.B.—It may be accepted as a general rule that a pass *without contact* is unavailing if the subject does not know it is being made.

Centrifugal and downward passes should be used:

(i) To obtain catalepsy.

(ii) When making suggestions for the *relief of pain.*

(iii) To increase the depth of hypnosis.

Centrifugal and upward passes—to remove any phenomena or to terminate the condition.

N.B.—Passes act as a useful means of fixing the attention, *e.g.* in stiffening a limb.

THE STAGES OF HYPNOSIS

The following scheme represents the "stages" of hypnosis as they have been seen to occur in the course of experiments, and as described in the preceding pages. It must be remembered that there is no line of demarkation between one stage and another; and that the easiest way to picture what occurs in the deepening of hypnosis is to think of the gradual distraction of attention from the world at large to some particular point or idea.

Pre-Hypnotic State

Drowsiness.
Passivity.
Slight tremor of eyelids may occur.
Therapeutic suggestions more efficacious than in ordinary waking state.

Early Hypnosis

Increased drowsiness.
Noises not so clearly noticed.
Muscular control can be demonstrated, *e.g.*

subject cannot open his eyes against command.

Sensory changes may be effected if subject is very susceptible.

Hallucinations possible.

Dream-State

Incomplete consciousness of surroundings.

Therapeutic suggestions very potent.

Somnambulism

Conscious attention in complete abeyance.

All suggestions have great potency.

TREATMENT BY SUGGESTION WITHOUT SLEEP*

ALTHOUGH the therapeutic efficacy of hypnotism is now well established, a great aversion to its use is manifested by both the medical profession and the public. This is perhaps not strange when we remember that hypnotic treatment necessitates a complete surrendering of faculties to the operator with a period of unconsciousness for the patient. The objection persists in spite of all that has been written and said in explanation of hypnotherapeutics, and of the harmlessness of somnambulism when controlled by an experienced agent. In consequence, when my investigations were directed from the experimental aspect of the influence of suggestion to its therapeutic application, I endeavoured to confirm the observations of numerous contemporaries that suggestive therapeutics can be successfully practised without the induction of sleep. And the results obtained have shown me that by the careful application of a certain technique, Direct Suggestion will do much to relieve a large number of functional neuroses.

* Reprinted from the "Hospital," July 6th, 1907.

Indeed, it is remarkable to find how pain and hyperæsthesia of special senses can be alleviated by a simple system of suggestive therapy, in the application of which *one's patients are conscious of all that is being done, and moreover retain perfect liberty of thought and action.*

The technique indicated is familiar to all students of the Nancy School, and depends on gaining the patient's confidence and verbally repeating the necessary suggestions until the requisite curative idea has been thoroughly established in his subconscious mind. Every one who is practically acquainted with the methods of suggestion know that the secret of success lies firstly in a preliminary fixation of the patient's attention on the physician to the extinction of all other things, and secondly in an untiring repetition of the required suggestions. The process can be aided by transferring the patient's attention to the affected part, which is best done by placing one's hand over the area in question. There is nothing mysterious in this; one is desirous of keeping the patient's thoughts on some particular symptom, and directs his attention thereto by touching this or that particular region. The whole method is based on the simple psychological principles of attention and ideation.

There is no doubt that the principle of suggestion has been the paramount factor in numerous "healing systems" that have been

exploited recently. Indeed, its indirect application has resulted in the extraordinary cures that are constantly reported by the adherents of such systems, by the vendors of patent medicines and of wondrous electrical appliances, and occasionally by a medical man astonished at the result obtained by the use of some simple remedy. Yet the profession, as a whole, has refused to credit the practical importance of direct or verbal suggestion, with the result that few of its members have dared openly to acknowledge its use. Those few have been rewarded by their successful efforts in treatment as a set-off to the opposition, and even ridicule, of their medical brethren.

That most able exponent of this method of treatment—Dr. Bernheim, of Nancy—contended that suggestion is always beneficial, sometimes curative. And a reference to my case-books will support his contention better than any theoretical argument.

Among the first cases I treated by suggestion without sleep were two of functional enuresis nocturna. The first of these was a girl fifteen years of age, who was unable to remain in service owing to the unpleasant nature of her affliction. She had fourteen sittings during three months, suggestions being given that she should awaken with intent at a certain time each night. There was definite improvement after the third sitting, and complete recovery after the tenth. At no time

during the treatment was the patient unconscious. The other case of this description was also relieved, and was very interesting because I first treated him in the somnambulic state without result. So I tried suggestion in the waking state with fixed attention, and obtained immediate improvement, with ultimate cure. The condition of these young people with enuresis nocturna is most distressing, and if no organic cause can be found, it seems desirable, after a consideration of the above results, that they should be given the benefit of treatment by suggestion as soon as it is found that the orthodox medical remedies are doing no good.

Another class of case in which excellent results can be obtained is that which exhibits insomnia with or without accompanying neuroses. The sleeplessness can often be relieved immediately, so as to break the vicious cycle of events; and an improvement in the condition of general depression and "nervousness" which usually accompanies the insomnia can then be expected. It is not only as an absolute curative agent that suggestion should find a place in armoury of modern therapeutics, for in the method of treatment by suggestion we have a ready means of relieving distressing symptoms in diseases that may be in themselves incurable; for example, I have in actual practice effectively relieved the severe pains of tabes dorsalis by suggestion.

THE COMBINED PSYCHO-ELECTRICAL TREATMENT OF NEURASTHENIA AND ALLIED NEUROSES *

Of the ascertained facts in connection with the neuroses and psychoneuroses, that are commonly referred to as manifestations of "neurasthenia" or "psychasthenia," there are two pre-eminent characteristics: first, the mental state of unrest, want of attentive power, abnormal reaction to stimuli, fears and self-introspection; secondly, the physical lowering of tone, which in many cases appears to be either dependent upon, or closely related to, an auto-intoxication, which not uncommonly appears to have its origin in the alimentary tract. The true relation between such toxæmia and the mental state is a problem of profound interest, and as such has been much discussed of late at various medical societies, but it is difficult to come to any definite conclusion which will explain all the cases one sees with neurasthenic (and psychasthenic) symptoms. Without going outside

* Reprinted from the "Practitioner," July 1913.

the purpose of this article to discuss further this relation, I may say that my own impression, after observing a great number of cases, is that whilst, in the majority of cases, the nervous (mental) condition is primarily responsible for the gastro-intestinal disturbance on the one hand, one meets with not a few instances in which a previously healthy person becomes a victim of many of the symptoms commonly associated with "neurasthenia," as the result of a primary disturbance in the alimentary tract.

In either case one has to combat two sets of symptoms,

the one physical,

the other mental,

whilst it is owing to the fact that the mental symptoms predominate and play such an important part in the manifestation of these neuroses, that psychotherapy has scored many victories in this field after physical methods had been used without avail. But, on the other hand, those who have placed the greatest reliance on physical methods have been triumphant very frequently where psychotherapy has been used without success.

It follows from this that the best results may be anticipated from *a combination of psychical and physical methods* of treatment, but one which, in this country at any rate, is very seldom found to be put into practice. One finds, indeed, that neuroses and psycho-

neuroses are being treated on the one hand

by purely psychical means, and on the other by purely physical means.

At the present time, the practitioners of hypnotism and suggestion are being called upon to treat many persons suffering from these functional nervous conditions, but they do not appear to be able to bring complete relief in as large a proportion as might be hoped. Again, those neurologists who make use of such methods as lavage, electricity, massage, and diet as their chief weapons of offence, base their treatment on auto-intoxication theories of neurasthenia and its congeners, and though able to point to numerous successes, most certainly do not secure that wholesale defeat of neurotic states that might be expected to result, were their theories absolutely true.

Approaching the problems indicated from the point of view of the psychotherapist, I began some years ago to supplement suggestion by various physical means, designed to improve the physical tone of the body generally and the normal working of the alimentary canal.

After trying various physical measures, I found that static electricity was best suited for the purpose in view, and it has been my practice for some time to make use of *combined psycho-electrical treatment*, in which the *physical effect* of static electricity has been

made to support the *psychical effects* of suggestion, with the very greatest satisfaction both to myself and to my patients.

In seeking to elaborate a practical, combined psycho-electrical method, one's efforts were limited by the circumstance that some electrical treatments were not only local rather than general in their effects, but tended to disturb the psychic state which it is desirable to obtain, if the suggestive part of the treatment was to be of use at the same time. Of course, it is possible to divide the treatment into two parts, in which the psychical and physical treatment are given entirely apart and at different times, but this is not always so satisfactory; by combining the two treatments at each sitting, it has been my experience that the electricity can be made to assist in the production of the desired psychic state, and so to add greatly to the therapeutic result.

In using electricity for this purpose it has not been my desire to induce a deep hypnotic state, because, in common with many other psychotherapists, I found, soon after commencing psychotherapeutic methods, that suggestion does not need the induction of such a state for its successful issue, and that there are intermediate rest-states, pre-hypnotic states, or hypnoidal states—to use the various terms to be found in the best writings on psychotherapy—which are characterised by increased suggestibility and of great impor-

tance from the present point of view. Moreover, it has to be remembered that the majority of neurasthenic and psychasthenic persons, although amenable to treatment by suggestion, are by no means hypnotisable, and that, whatever may be the advantages of the deep hypnotic states, they are unobtainable in the average cases of this kind.

The combined psycho-electrical method, which I have found so useful, is carried out in the following manner. The patient is seated on a comfortable reclining chair,

on an insulated platform,

connected with a static electrical machine. The platform I use is one specially constructed for the purpose, as the ordinary platform and chair supplied with a static apparatus are useless for the purpose in view. He is then requested:

1. To assume a position of relaxation and comfort.

2. To close the eyes.

3. To breathe evenly, and a little more deeply than usual.

4. To refrain from making any unnecessary movements throughout the treatment.

The electricity is generated in the usual way, and, as a general rule, the apparatus is so arranged as to give a mild "head-breeze."

The object in view is three-fold:

Firstly, *to obtain a state of mental rest and relaxation,* and, considering how excitable

and inclined to muscular contractions, restless movements, and anxious thought most neurasthenic patients are, it is not difficult to realise how absolute relaxation of the limbs, complete rest of the body, and alleviation of the mental unrest alone bring great relief.

Secondly, to bring about *a state of increased suggestibility* for the purpose of therapeutic suggestion.

And thirdly, to produce the physical and tonic *effects of the electricity.*

Considering these points in further detail, it is well known that it is not easy to get excitable, nervous people to relax themselves thoroughly under ordinary circumstances. They find it difficult to concentrate their attention on the object to be secured, and to refrain from talking needlessly, and from moving restlessly one part of the body, whilst trying to relax another. But with the eyes closed, and in a comfortable chair, we know that they can get more relaxed than otherwise, whilst it is my experience that when under the influence of static electricity, given according to my method, the most restless patients become tranquillised to a degree that is difficult to obtain by suggestion alone. They find that they are able to relax their muscles and to rest more quietly than under ordinary circumstances.

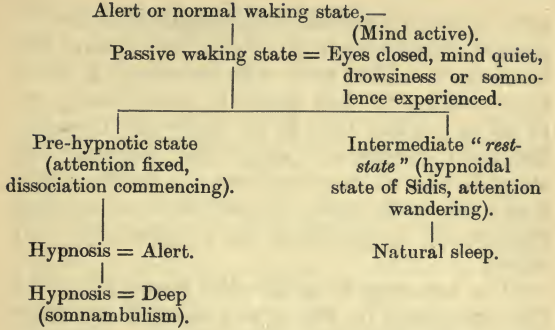
Then, with regard to the mental state obtained, this, whilst not being a hypnotic state in the usual acceptance of that term, is

certainly a " rest-state " of markedly increased suggestibility. It is a mental state which very often corresponds to the " hypnoidal state " described by Boris Sidis.* Doubtless with susceptible persons it would not be difficult to induce a true hypnotic state by this psycho-electrical method, and, indeed, this is a point of particular advantage on occasion, always provided that the patient's attention is fixed on some particular idea. On the other hand, with wandering attention, *the state is not one of true hypnosis,* although, as already pointed out, it is one of increased suggestibility, that is, as compared to the waking state. The analysis of such mental conditions is, of course, extremely difficult, but prolonged observation has led me to believe that the " hypnoidal state " of Boris Sidis and the rest-state obtained in my treatment are stages on the way to normal and not to hypnotic sleep. It differs then from the pre-hypnotic state of increased restful relaxation and suggestibility, because that is one of fixed attention, and tends to merge into true somnambulism, obtainable by hypnotic procedures.

Perhaps the accompanying table taken from one of my books † explains my hypothesis better than any description.

* Boris Sidis: "The Psychotherapeutic Value of the Hypnoidal State." *Vide* " Psychotherapeutics," a Symposium by Morton Prince, M.D., and others, p. 121.

† " Nerves and the Nervous," p. 153.


Alert or normal waking state,—
(Mind active).
Passive waking state = Eyes closed, mind quiet, drowsiness or somnolence experienced.
Pre-hypnotic state (attention fixed, dissociation commencing).
Intermediate "rest-state" (hypnoidal state of Sidis, attention wandering).
Hypnosis = Alert.
Natural sleep.
Hypnosis = Deep (somnambulism).

The chief characteristics of these rest-states are two :

1. They are truly restful ; and

2. Whilst in them the patient is able in some way to tap reserve stores of energy, which are otherwise out of reach ; so that resting in this state, for 30 or 40 minutes, of itself restores energy to a remarkable extent.

The patient usually comes out of the rest-state a stronger and more determined person than before. As we have seen, there is *no loss of consciousness,* and the feeling of renewed strength is common, although no direct suggestion may have been given to this effect.

With regard to the third point, that of using the state obtained for purposes of *suggestive therapeutics.* It is my practice, when mental symptoms predominate, either to give direct verbal suggestions during,

or immediately at the end of, each sitting,

or to prescribe definite self-suggestions for the patient to make use of while undergoing the treatment. The only disadvantage I have ever noticed is that patients occasionally go to sleep; when this is so, curiously enough, the good effects are minimised, because the sleep is not so beneficial as the intermediate rest-state, and again, if they fall asleep, the therapeutic suggestions have apparently no effect.

It is not easy to define the part played by the electricity in the production of the rest-state, although it is quite certain that the tonic effects of the treatment are only due in part to the actual physical effects of the electricity itself. Doubtless, the breeze to the head is soothing, and the quiet hum of the electrical machine aids in the production of a restful condition. Be that as it may, *the combination of these two therapeutic agents is extraordinarily beneficial in all cases of functional nervous disorder.* I am certainly of opinion that the static electricity itself beneficially affects the sympathetic nervous ganglia of the abdomen, and definitely aids peristalsis, in itself a great advantage. Of course, when gastro-intestinal auto-intoxication is plainly hindering recovery, it is my custom to supplement psycho-electrical treatment by

abdominal massage,
liquid paraffin in suitable doses,

and similar well-known methods.

The following brief notes from my records serve to illustrate further the methods described above, and their results:

1. An actor, aged 22, sent to me for neurasthenia with *obsessions* (psychasthenia). There was general nervousness and want of tone, but sleep was not disturbed. Thoughts of death, illness, and other unpleasant things in regard to his friends and relatives kept recurring to him, leading ultimately to *depression*. Sometimes, when these thoughts became uncontrollable, he would get excited and behave in a manner alarming to his friends. The illness was of some five or six months' duration, and, apparently, had been started by overwork on the stage. To quote his own description: "My brain refused to act in the direction which I desired, and I got worse and worse until I could not bear to be alone, as, on the slightest provocation, the most horrible thoughts would flash through my brain." A month's psycho-electrical treatment sufficed to remove the particular symptoms for which he sought relief, and to improve his general condition.

2. A clergyman, aged 61, suffered for many years from *neurasthenia*, symptoms chiefly referable to the head. In his own words, he felt: "As if the nerve which runs in the centre of the scalp was extremely sensitive." This headache became very bad at times, and produced a sense of mental confusion and inability for work, which greatly interfered with his professional duties. A short course of psycho-electrical treatment greatly improved the condition, and soon after returning home the headaches ceased altogether, and he was then entirely free from the necessity of taking drugs upon which he had relied for many years. About fifteen months later this patient returned for general nervous symptoms, brought on by overwork, although there had been no return of the intense headaches. A further course of eight pyscho-electrical treatments brought about the desired improvement.

3. A lady, sent to me for serious *depression*, and a *morbid idea* that a mistaken course of life had ruined all her hopes of happiness and prospects of being any good

to herself or others in this world. Had had previous attacks of melancholia, during one of which she had been confined in an asylum. The breakdown for which I was consulted was immediately due to the death of her mother and resulting domestic anxiety. The treatment began with three weeks in a nursing home, with rest and daily treatment by direct suggestion. Subsequently, she had a course of three weeks' psycho electrical treatment, and notably improved. The threatening attack of melancholia was entirely averted, and the improvement initiated has been maintained up to the present time. Here was a patient of distinctly morbid temperament, of very bad personal and family history, who was certainly saved the misfortune of having to re-enter an asylum, by combined pyscho-electrical treatment.

4. A young army officer, aged 30, came to me for *neurasthenia* of three years' duration. The chief symptoms were lassitude, indigestion, loss of weight, morning exhaustion, even after eight or nine hours' sleep, occasional attacks of giddiness, and general feeling of want of health. Psycho-electrical treatment obtained immediate improvement, and after six weeks this patient was well enough to go away to the country and take up a responsible position.

5. A young man, aged 20, consulted me for *neurasthenia*, with lassitude, feeling of weakness, and inability to do his work properly. One month's psycho-electrical treatment brought about recovery.

6. A lady, aged 47, sent to me for *neurasthenia* with disturbed sleep, headaches, inability to concentrate her mind or settle down to any definite occupation. She was completely relieved of the symptoms in question after a course of twenty treatments.

About a year later, owing to great worry and domestic trouble, this patient broke down again. Although responding to similar treatment, she was very much longer in recovering her normal health. At the present time she is suffering from a third attack, and the conditions of her home life make it very difficult either to prevent these attacks, or to restore her mental health.

7. A man, aged 46, independent, consulted me for *general*

nervousness and feelings of *intense fear* on finding himself alone, particularly in a railway carriage. At the same time, there was a tendency to nervous attacks and psychasthenic symptoms. Two months' psycho-electrical treatment brought about complete relief of the general neurasthenic symptoms, and so far as he was able to judge at that time, freedom from the railway-phobia.

8. A lady, aged 53, had been ill for some months with increasing *depression* and tendency to worry about her health. Complained of "unpleasant sensations in the head," but no definite headache. Was *obsessed with the idea that she might become insane.* After twenty treatments the depression, sleeplessness, and worry had completely disappeared.

She remained well for nearly a year, but on staying in the country during very inclement weather she again became depressed, although not so bad as before. A short course of the same treatment produced immediate improvement, and in less than a month she was able to report herself as free from the general nervousness.

9. A lady, middle-aged, consulted me for *neurasthenia* of many years' standing, with headaches, general lassitude, extreme irritability, occasional attacks of mucous colitis, and a tendency to alcoholism. A short course of treatment brought about an extraordinary change both in physical condition and mental outlook of this patient. Subsequently, about a year later, there was some recurrence of the alcoholic tendency, but a few further treatments gave her back complete self-control in this direction.

10. A clergyman, elderly, very *neurasthenic and hypersensitive.* Subject to attacks of depression, irritability, and want of self-control. His general condition was greatly improved by a short course of treatment, which gave him a great deal more self-control and banished the tendency to severe depression.

11. A lady, aged 60, brought to me for *threatening melancholia.* She was very depressed and could not be left alone. The condition was due to severe domestic shock. It was feared that the patient would have to be placed under restraint in an institution. The outlook was not favourable, but under the psycho-electrical treatment im-

provement was notable from the first, and after three months she was able to return home into the country and take up her home duties once more. More than a year has now passed since the treatment terminated, and there has been no relapse.

12. A student, aged 30, consulted me for *neurasthenia* characterised by sleeplessness, great hyper-sensitiveness, pains in the head, and attacks of depression. I gave him six treatments by direct suggestion, after which there was practically complete relief from the subjective symptoms; but in view of the fact that he was subjected to a considerable strain, owing to an approaching examination, I followed this by a short course of combined treatment, as it was clear that the tonic effects of the electricity on the nervous system would be a great help to him at this stage. The result was entirely satisfactory, and he was able to go through with his work without difficulty. He experienced particular relief from the restoration of normal sleep, and acquirement of a feeling of self-confidence and energy that he had not previously experienced.

13. A student, aged 23, was greatly affected by *stammering and general nervousness* in the presence of strangers. His condition gave him great trouble under some circumstances, especially at *viva-voce* examinations. He had six psycho-electrical treatments, with entirely satisfactory results. Some weeks afterwards, he reported as follows: "The immediate object of my coming to you when I did was completely attained, as I got through a *viva-voce* of one and a quarter hours without a single hitch."

In a few instances I have successfully made use of faradic electricity in place of the static applications, although, as a general rule, this is not so convenient and is really more suitable for the relief of local symptoms than of general nervous weakness. As examples of this combination of faradism with suggestion I may cite the following cases:

1. A young woman, aged 22, suffering from a *hysterical contraction* of the right knee-joint, had been sent up to London with the object of having the right leg amputated for supposed tuberculous disease. My own impression was that the condition was a functional paralysis, and that no tuberculosis was present. Combined treatment (suggestion plus faradism) was very successful. The patient was able to move the ankle and knee quite freely after the second treatment. After ten treatments she was able to walk easily without assistance, although she preferred to rely for some support upon a stick carried in the right hand.

2. A boy, aged 17, subject to *epileptiform convulsions* which had increased in frequency until his occupation was seriously interfered with. At the time I saw him, he was very nervous and had had several bad attacks, in each of which he was said to have lost consciousness, and to have had violent convulsive movements of arms and legs. I saw him in one attack, which appeared to be of the nature of a true epileptic fit. After six treatments by suggestion in the "rest-state," assisted by faradism, there was only one recurrence of the attacks, a slight fit occurring some weeks afterwards, after undue excitement. Some two and a half years afterwards he overworked and had one or two slight attacks, but no return of the severe fits for which he originally consulted me. A short course of psycho-electrical treatment restored his self-confidence, and resulted in cessation of the nervous condition and attacks.

It should be noted that, in many instances, patients undergoing the treatment described above are prescribed medicine containing ammonium bromide and carminatives.

The examples cited above have, without exception, been taken from the notes of my private cases.

THE TREATMENT OF NEURASTHENIA *

At the present time one finds that neurasthenia is being treated, on the one hand, by purely psychical means, and on the other by purely physical measures, and it does not appear that the advantage of combining the two classes of remedies in the treatment of this condition is sufficiently realised.

I consider that static electricity is best suited for the purpose in view, and it has been my practice for some time to make use of combined psycho-electrical treatment for treating neurasthenia in the following manner:

The patient is seated in a comfortable reclining chair on an insulated platform connected with the machine. He is requested to assume a position of relaxation and comfort, to close the eyes, and to rest quietly without speaking or making any movements throughout the treatment. The electricity is generated in the usual way, and its actual application may be varied according to particular requirements; but as a general rule the metallic tassel is so arranged as to give a mild head-

* Reprinted from the "British Medical Journal," February 22nd, 1913.

breeze. Under such conditions the most restless patients will become tranquillised and soothed to an extent that is difficult to obtain by simple suggestion alone. The effect of the electricity is remarkably soothing, and patients find that in this method they are able to relax their muscles and to rest more quietly than without it. The mental state obtained is not one of sleep, neither is it, apparently, a hypnotic state. It is a "rest-state" which very often corresponds to the hypnoidal state described by Boris Sidis.*

It is my experience that under such conditions the mental state obtained is one of marked suggestibility, and this fact is made use of either to give direct suggestions oneself or to get the patient to give himself such definite self-suggestions as may be advisable. At the same time there is the physical tonic effect of the electricity, which is notably beneficial in all neurasthenic states. In a word, this combined psycho-electrical method enables me to make use of three great principles of nerve treatment—namely:

rest,
electrotherapy,
and *suggestion*.

I am of opinion that one of the great advantages of static electricity is that it beneficially affects the sympathetic nervous ganglia, with the result that increased peristalsis of

* *Psychotherapeutics*, a symposium by Morton Prince, M.D., and others, p. 121.

stomach and intestines occurs and auto-intoxication is decreased. Where this last-named factor is plainly hindering recovery, it is my custom to supplement the psycho-electrical treatment by abdominal massage with a specially designed vibration machine, whilst at the same time prescribing liquid paraffin in suitable doses.

But experience shows that the best results are not obtained unless one combats the morbid mental state also, and so one finds the direct suggestion an essential part of the treatment.

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